# 2023 - Commission on Aging - Senior Survey

# **SECTION 1**

What is your age? (Check One)

Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65 +	

## **SECTION 2**

Please Check off all categories of activities that you now use and rate them as either Very Good, Good, Fair, or Poor.

	Very Good	Good	Fair	Poor
Community Education Programs				
Public Library Programs				
WeCAB				
Meal-on-Wheels				
Local Food Shelf				
City of Watertown Parks & Trails				
Community Events				
Other:				

#### **SECTION 3**

Please place a che	eck mark next to	the programs that	t you would like t	to see expanded:
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Recreational Activities
Health Programs
Music
Arts
Educational
Hobbies
Other

## **SECTION 4**

I would	l like more information on the following programs:			
	Watertown-Mayer Community Education Programs			
	Carver County Public Library Programs			
	Food Assistance Programs			
	Health Assistance Programs			
	WeCAB			
	Other	-		
SECTIO	DN 5			
Genera	al Comments and Suggestions:			
If you բ	prefer, the following information may be omitted:			
NAME:				
	SS:		_	
TELEPH	HONE:		_	
Any ot	her information you want to provide:			

# Please Return to:

City of Watertown: Commission on Aging
Watertown City Hall
309 Lewis Ave South
P.O. Box 279
Watertown, MN 55388